What is ISHIP?
ISHIP is a health insurance plan designed just for California State University, Los Angeles, students. Your school makes this plan available to protect your educational future. If you get sick or injured, insufficient health insurance can lead to financial hardships that can threaten your ability to attend class, pay tuition, get student loans, or live away from home. Having health insurance is a safety net that helps ensure you are able to stay in school so you can graduate and achieve your professional goals.

Am I required to have health insurance?
Any international student who is registered and attending classes at California State University, Los Angeles, is required to have adequate health insurance coverage. If you have government/embassy sponsored health insurance or if you are covered under an employee insurance plan, you may submit a waiver application. All other insurance plans will be denied a waiver and you will be required to enroll in ISHIP.

What is a health insurance waiver application?
A health insurance waiver application is an online form that you fill out if you have other qualifying health insurance and do not wish to be enrolled in ISHIP. As part of the waiver process you are required to provide specific information about your insurance coverage, which will be verified by Ascension, the Waiver Administrator for California State University, Los Angeles.

Does my other insurance qualify?
If you are covered under an employee insurance plan, benefits under that plan must include all of the following:
• Insurance plan must meet all Affordable Care Act requirements (including unlimited medical benefits per condition, preventative care, and no waiting period for coverage)
• Claims must be administered and paid by a U.S.-based company
• Underwriting company must be owned, operated, and headquartered in the U.S.
• Deductible cannot exceed $100 per illness or injury
• Unlimited benefits for medical evacuation and repatriation
• California Title IX requirement: pregnancy benefits for female students
• Plans that require students to pay for medical services first and then submit claims for reimbursement will not be accepted

Your insurance coverage will be verified during the waiver process and is subject to verification throughout the school year via random audit.

Why should I choose ISHIP?
If you have other coverage that meets the waiver criteria, it is your decision whether or not to waive. However, before you make that decision, please consider the following:
• ISHIP may be less expensive than being insured on an individual plan or as a dependent on an employer group plan through your parent or spouse. When comparing costs, be sure to look at premium, deductibles, copays, and out-of-pocket maximums.
• ISHIP has a local PPO provider network. If you have out-of-state coverage, or HMO or PPO coverage with a limited provider area, there may not be many or any network providers near school. You may have to pay higher out-of-network copays, deductibles, or coinsurance.

Please remember that if you waive coverage under ISHIP, you are responsible for any medical costs you incur.

How often do I have to submit a waiver application?
Students who wish to waive out of ISHIP must complete the online application once each academic year by the deadline date.

What happens if I don’t waive or enroll in ISHIP?
An enrollment hold is placed on your Cal State LA record. Failure to either submit and obtain an approval for the waiver or to purchase the insurance policy via ISHIP, will result in your inability to enroll in classes for the term. If you will be submitting a waiver application, please submit it as soon as possible.

What do I do if an enrollment hold is placed on my Cal State LA record?
If you are not eligible to waive coverage, you will have to enroll in ISHIP to have the hold removed from your record.

What if I successfully waive out of ISHIP, then lose my other coverage?
You are required to have active coverage throughout the school year. You may enroll in ISHIP mid-year if you waived out but later lose your other coverage due to no fault of your own, such as coverage that terminates due to a loss of employment (by you, your spouse, or your parent) or by reaching an age limit set by the plan. To enroll in the plan mid-year after an involuntary loss of coverage, you must notify Ascension by calling (800) 537-4777, and submitting proof of loss of coverage, within 31 days of termination of prior coverage. Costs will be prorated based on number of full months remaining in the term.

If the coverage you waived out with has been voluntarily or inadvertently terminated by you, for example, by missing an enrollment deadline, you must notify the International office immediately and enroll in ISHIP. You will be charged the full amount for the term in which you are enrolling.
How do I submit a waiver application?

To submit a waiver application, have a copy of your insurance card ready, and follow these steps:
1. Go to www.4studenthealth.com/csula and click on the “Waive Out of ISHIP” icon.
2. Once on the waiver portal page, enter your last name, date of birth (DOB), and student ID number, then click “Login.”
3. On the next page, where the term of coverage is indicated as “Available to waive,” click “Create.”
4. Please read the text on the next page, then check the “I understand and agree...” box if you agree to the terms and conditions, and click “Continue.”
5. If you submitted an approved waiver in the previous term, your prior insurance information will be shown. If your information has not changed from last term, go to step #7 below.
6. If your insurance information has changed, or you do not have an approved waiver on record, you will be asked for information about your insurance plan. Please enter your information exactly as it appears on your insurance ID card. See chart at right for definitions of terms.
7. Click “Submit Petition.” Shortly after you click Submit, you will receive an email confirming receipt of your information.

How do I know if my waiver is approved or denied?

When you submit a waiver application, you will receive a “SHIP Waiver Confirmation” email via your student email account, followed by a “Waiver Approval” or “Waiver Denial” email a couple of days after. Your waiver is not final until you receive a “Waiver Approval” or “Waiver Denial” email message. Please check your student email account regularly for waiver status updates.

Approval of your waiver means that you will not be enrolled in SHIP for the 2017-2018 academic year. If at any time it is discovered that you have failed to maintain coverage that meets the stated requirements, your waiver will be revoked and you will be required to enroll in ISHIP.

If your waiver is denied, you will receive a “Waiver Denial” email and you will be required to enroll in ISHIP.

Appeal requests will not be considered as waiver decisions are final.

What happens if I receive an “Action Required” or “Information Needed” email?

If you receive an “Action Required” or “Information Needed” email, you must provide the requested information, or your waiver will be denied. If you provide the information and it meets the requirements, you will be notified via your student email account within 3-10 business days that your waiver was approved. If you do not provide the information by the date requested, or if the documentation you provide does not meet the requirements, you will be automatically enrolled in ISHIP and you will receive notice after the waiver deadline that your waiver application was denied.

It is your responsibility to check your student email account for waiver status updates and to send in additional documentation if requested.

Whom should I contact if I have additional questions?

For more information or questions about waivers, please contact Ascension, the Waiver Administrator, at (800) 537-1777, or email customer service at customerservice.la@ascensionins.com.

DEFINITION OF TERMS

Insurance Co. Name: This is the name of the insurance carrier. Please select from the drop-down box. If your insurance carrier is not listed, please select “Other” and enter the full name of the company.

Insurance Co. Phone: This is the customer service or provider phone number, usually found on your insurance ID card or the insurance company website, which we can call in order to verify that the information you have provided is accurate.

Primary Insured First: This is the first name of the individual who is the primary insured on the plan. If you are insured through your parents, it’s either your mother or your father, depending on whose plan it is. If you are insured through your own employer, it’s your name. If you are covered under your spouse’s insurance plan, it’s your spouse’s name. It may also be listed as Subscriber, Member, or Enrollee on the insurance card.

Primary Insured Last: This is the last name or surname of the individual who is the primary insured on the plan.

Primary Insured DOB: This is the date of birth of the individual who is the primary insured on the plan.

Relationship to Primary Insured: This is the student’s relationship to the primary insured. Please choose Self, Spouse (if your spouse is the primary insured), Child (if your child is the primary insured), or Other (if the primary insured is not yourself, spouse, or parent).

Policy/Group Number: This is a number found on the insurance ID card of your current health plan. It is different from the member number. It will be listed as Policy or Group Number and may contain an alpha prefix (letters, then numbers). Type it in exactly as it appears on the card.

Member/Sub ID: This is a number found on the insurance ID card of your current health plan, sometimes referred to as a member or subscriber ID. It is different from the policy or group number. It is sometimes the Social Security Number of the policyholder. Type it in exactly as it appears on the card.

Primary Insured Address: This is the address of the individual who is the primary insured on the plan.

Most of this information can be found on the insurance ID card. Other information can generally be found on the insurance company’s website. If you are covered under an employer plan, the employee can contact their employer’s Human Resources department or benefits department or the insurance carrier.

Please make sure the information you provide on your waiver application is accurate, as incorrect or incomplete information may cause your waiver application to be denied. Information provided on waiver applications will be verified by Ascension, the designated waiver administrator.